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| ORGANISATION Application  |

# Seeking Mental Health Consumer and Carer Representatives

This form is for organisations seeking suitable mental health consumer and/or carer representatives from the National Register of Mental Health Consumer and Carer Representatives (National Register) and the National Mental Health Consumer and Carer Forum (NMHCCF).

Please review the *Selection Process* document for further information about the National Register and NMHCCF, and the mental health consumer and carer representative selection process.

## ORGANISATION CONTACT DETAILS

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| Organisation:  |
| Contact person, name and position:  |
| Telephone:  |
| Email: |

## COMMITTEE / EVENT DETAILS

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| Committee/event description (please provide details, including purpose, of the committee/event and attach Terms of Reference if available): |
| Date/s and duration of meetings:  |
| Meetings are held (check all that apply):Face to face [ ]  Location/s: By teleconference [ ]  Other (please specify): Is it possible for representatives to participate in face to face meetings by tele or videoconferencing (or similar), if necessary? Yes [ ]  No [ ]  N/A [ ]  Comments:  |
| Consumer and carer representative position/s:  |
| Number of consumer representatives required:  |
| Number of carer representatives required:  |
| Would you like us to arrange a proxy representative (in the event the original representative is unavailable)? Yes [ ]  No [ ]  |
| Can representatives who have previously been selected for this committee or event (e.g. a speaker at an annual conference) apply for this opportunity? Yes [ ]  No [ ]  N/A [ ] Comments: |
| Date you need representative details by:  |
| Name of organisation contact who will contact and brief representatives prior to the meeting/event: |

## REMUNERATION

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| Representatives must be remunerated at the same level as other professional attendees, including any planning or preparation time. What remuneration will the representative receive? |
| Additional costs that will be covered:Travel (including flights, cabcharges, petrol and parking): Yes [ ]  No [ ]  Accommodation: Yes [ ]  No [ ] Meals: Yes [ ]  No [ ] Other (please specify): Comments on expenses to be covered, including explanation about why some or all costs cannot be covered (if applicable):  |

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| POSITION DESCRIPTION1. What is expected of the mental health consumer and/or carer representative? What support is available to committee members / event participants?
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| 1. Please outline the required and desirable selection criteria for this role, for example expertise related to CALD, youth, rural/remote, outcome measurements, understanding of particular documents or legislation etc.
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| 1. Any other relevant information:
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**Please send completed applications to:**

Project/Admin Officer

Mental Health Australia

Email: natreg@mhaustralia.org

Phone: (02) 6285 3100

**Secretariat Use Only**

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| Agreed timeline for process |
| Process stage | **Date due** |
| Organisation application form received  | dd/mm/yyyy |
| Representative applications received | *+ 2 weeks* |
| Selection panel decision finalised | *+ 1 week* |
| Organisation informed of decision | *Day of selection panel* |
| Organisation confirms representative selection and agreed expenses for representatives with Mental Health Australia | *+ 2 days* |
| Representative applicants informed of decision and receive selection panel feedback  | *Once confirmation received from organisation* |